

040784

CAF# 070

CK \$ 100.00

ORIGINAL

DEPOSIT DATE

481 JUL 27 2004

7-26-04

RT

1. Name of company or name of individual (not fictitious name or d/b/a):

Medicom LLC

2. Name under which applicant will do business (fictitious name, etc.):

Medicom LLC

3. Official mailing address:

Street: 3370 Hidden Bay dr # 605, Aventura, FL 33180

P.O. Box:

City:

State:

Zip:

4. Florida address:

Street: 3370 Hidden Bay dr # 605, Aventura, FL 33180

P.O. Box:

City:

State:

Zip:

5. Structure of organization:

() Individual

Corporation

() General Partnership

() Limited Partnership

() Other:

6. If incorporated in Florida, provide proof of authority to operate in Florida:

Florida Secretary of State

Corporate Registration Number: 199000007339

COMMISSION CLERK

JUL 26 PM 2:23

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08088 JUL 26 04

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